

Conclusions.

1. The length of time necessary to cause diphtheria bacilli to disappear from the throats of carriers by the use of sprays of staphylococcus aureus or of dilute antiseptics was sufficiently long to suggest that there was no decided antagonism, under the conditions of treatment, between either solution used and the diphtheria bacillus. It is regretted that a third set of controls was not treated with a spray of physiological salt solution to determine to what extent the final results were due to mechanical cleansing by frequent sprayings.

2. The difference between the effects of the staphylococcus spray and of the control spray suggested a slight advantage for the staphylococcus spray.

3. Treatment of diphtheria carriers with sprays of staphylococcus culture or of antiseptic fluids should be continued for several weeks after the last positive culture has been obtained.

4. It is highly desirable that further search be made for a method of treatment which will be promptly efficacious in ridding the throats of diphtheria convalescents and carriers of their infection.

References.

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† Nose and throat cultures were taken from members of Groups A and B on March 18, 1913. The culture from Case 16 of Group B showed a few diphtheria bacilli. All the other cultures were negative.

PSYCHIATRIC DUTIES OF LARGE CITIES.

The discussion brought out by this paper (which was read before the San Francisco County Medical Society in March and was printed in the April Journal) seems to be sufficiently interesting and valuable to warrant its publication. It was not received in time to be printed with the paper, an early publication of which was urgently requested by the San Francisco Society.

Dr. W. F. Snow read the following letter from Dr. F. W. Hatch who was unable to be present:

It is evident that existing state hospitals do not fully answer the needs of the insane owing to their distance from centres of population and compulsory commitments. It is also apparent that existing measures for the care of the insane, previous to commitment, are not generally satisfactory and that neither the state hospital nor the quarters for the preliminary care of the insane afford the medical schools nor the medical profession the opportunities for the study of mental diseases that they should have.

The state hospitals with their receiving and treatment buildings are doing advanced work in the care and treatment of acute cases, but this usefulness is limited by the necessity of legal commitment before their advantages and aid could be obtained.

For several years I have advocated the plan of psychopathic hospitals in some of our larger cities where acute cases might be treated without the necessity of legal commitment. The difficulty in the way of the establishment of such hospitals is largely one of expense, or the source from which the funds for their maintenance will come. Is it to be met locally or by the state, or by the two sources jointly? As it is now the state has nothing to do with mental cases until they

are legally adjudged insane and committed to her care, hence it would seem a matter of municipal or county control. If the city or county will not assume the burden, may one not get joint action that will result in a division of the expense between the municipality and the state. Personally I have conferred with Judge Van Nostrand and Drs. McGettigan and Lustig of the Board of Examiners in Lunacy of San Francisco and I am sure we can rely on their assistance in advocating the securing of two wards in the new County Hospital for use as a psychopathic hospital.

As the City of San Francisco will maintain its hospital and will have the necessary equipment for heating, lighting and feeding the patients, may we not assume that that part of the expense will be borne by the municipality?

It is my personal opinion that we should have a resident physician detailed and paid by the state who should have general charge and control and who should be empowered to employ and discharge nurses, have proper clinical record kept and who should have some discretionary power in the matter of the admission of cases. I have conferred with the attorney of the Lunacy Commission regarding an amendment to the lunacy law and he is prepared to take it up whenever I call upon him.

I had hoped to be with you to-morrow night that we might discuss the matter at length but an unexpected meeting is called for to-morrow afternoon and a full attendance is desired so I may not be able to get away.

If the society will, after discussion, refer the matter to a committee, I will gladly meet with it and assist in formulating a plan and getting legislative action upon it. I can meet any day next week and the sooner we can get at it the better.

I have some amendments now before the legislature to which I can add any necessary amendment affecting the psychopathic wards.

Dr. W. F. Snow, Sacramento: I believe emphasis should be placed on what Dr. Richards stated at the close of his paper, i. e., that unless we as medical men take up the whole subject of prevention of insanity, we are going to drift farther away from the public. Dr. Richards is thoroughly conversant with Dr. Hatch's viewpoint and I have heard enough discussion in the Lunacy Commission to know that the administrative officers are deeply interested in this problem. You probably know that there are a number of bills pending before the legislature to change materially our present method of state supervision of affairs of state hospitals. The present Lunacy Commission consists of the Governor, Secretary of State, Attorney General, Secretary of the State Board of Health and General Superintendent of Hospitals. In the meetings of this commission, the question under discussion has come up a number of times. There is a feeling of unrest, and I think it only needs active and intelligent consideration of plans to provide for a very effective administration of the whole problem. By the whole problem I mean every phase of it from the first indications exhibited to the final commitment to one of the state institutions. The work of the mental hygiene societies is an important factor.

Dr. D. D. Lustig: Speaking for myself, I am thoroughly in accord with the views expressed by Dr. Richards in his excellent paper. In conferring with my confreres on the commission, we feel that the establishment of a psychiatric hospital is a necessity.

Dr. C. D. McGettigan: I have not much to add to what Dr. Lustig has said. We have worked together on the Lunacy Commission for a number of years, and at times under great stress on account of present conditions. We realize, I think, more than the other physicians here to-night, the need of a psychiatric ward where the acute mental

cases can be treated. We frequently send patients to the state hospitals that would recover in a very short time if properly treated. These include the various acute toxic manias due to alcohol, constipation, pregnancy, etc. I would also include in this list those cases of brain tumor in which a decompression operation would improve or cure. Dr. Lustig has visited Bellevue recently and we have tried to keep in touch with what they are doing in the large hospitals in the East. We wish the County Society to know that the Lunacy Commission of San Francisco is in full accord with anything that will advance the study of psychiatry or help the mentally afflicted.

Dr. R. L. Wilbur: I have been much interested in this paper and also in Dr. Hatch's discussion. This subject had interested me greatly since some years ago when I had the responsibility of arranging for the care of a young man who was arrested by the authorities of one of our large cities because of the symptoms of a cerebral lues. The difficulty and injustice associated with the care of acute mental cases with our present inadequate facilities is no doubt familiar to all of you. There has been, as you know, considerable advance in this regard in Los Angeles, but here our local Lunacy Commission has had greater difficulty in handling the problem. It is one of the crying shames of American civilization that when we are so successful in many of our projects that we have been so negligent of this important one. We have built large buildings in the country and taken fairly satisfactory care of the insane, but we have had great difficulty in having these buildings controlled by satisfactorily trained physicians and assistants. There has been but little systematic training of physicians in the care of the insane in the United States.

We have a rare opportunity in California to take hold of this problem in the right way. We have excellent accommodations in the present asylums, although they are, of course, inadequate. If we can take hold now in San Francisco of this more or less makeshift plan of temporarily establishing two wards in the new San Francisco hospital, I think that we should do so. We should look forward to the establishment of a high class psychiatric station for acute cases, which should be under the control of the state. In such an institution we could train medical men, change the whole care of the insane and handle it on a more scientific basis. I think there is nothing in our present law to prevent this. If we can put ourselves on record as favoring this plan, it would be a stepping stone to what we want and that is to have the care of the insane handled as it is in Germany and in this country in New York, Boston and now in Baltimore.

I move that the society place itself on record as favoring the establishment by the state of a central station for acute mental cases in San Francisco, and that a committee of three or five be appointed by the president of the society to take this matter up with Dr. Hatch.

Dr. H. C. Moffitt: I think there is a movement all over the country just now which we should follow. I have had an opportunity of talking this matter over with Dr. Wilbur, and we are at one from the standpoint of the universities, that the teaching of psychiatry is a tremendous need in our community and among our students. We also feel that in the teaching of students and the preparation of the profession there is a tremendous lot of work to be done by an institution of the kind that has been outlined in detail by Dr. Richards. Dr. Waterman knows of some of the social questions which are particularly connected with a hospital of this kind, and there is nobody better able to tell us what has been done in Los Angeles in this direction than Dr. Waterman. I feel as Dr. Wilbur does that we shall have to have a big in-

stitution here, to be developed under the direct guidance of the state; but such an institution can not be gotten right off and we should take what we can get. It seems possible, if we all get together now, that we can put through this beginning. I feel very strongly that we should co-operate in every way possible with Dr. Hatch and other individuals to see the clinic started at once. There is a growing need for it and I think the universities feel that need as much as anyone in the community.

Dr. H. J. Waterman: The work in Los Angeles has been that of psychopathic parole. It was started at the request of Judge James Hutton, who felt that so many of the cases brought before him were not cases for asylums that he appealed to the ladies of the Federated Clubs and asked them to come to his assistance. They, in co-operation with the Lunacy Commission, established a little home called Rest Haven. The supervisors of Los Angeles allowed them \$125 per month and the other expenses were met by churches and other charitable organizations. They had charge during the year of 80 patients, among them 15 complete recoveries and a large proportion were greatly improved. There was a request that such work be established here, but in consulting with our Lunacy Commission we found that there was not the same need here, as we have a small detention home where our physicians are able to watch their patients for a few days or a week before commitment. After talking with the staffs at various insane hospitals and four well equipped insane asylums, we felt that the greatest need was for a large central detention home. If we can have that established other needed work can be included and with the work of social service we can carry out this psychopathic parole work satisfactorily.

Dr. W. Ophüls: This is far afield from my usual work. The only thing I have been thinking of was this: when it comes to the practical solution of the question, it will take quite a campaign before the board of supervisors to get them to appropriate funds to run these two wards. It seems to me, however, that this is the only opening to get something done, and as long as the city has to take care of the insane before they are committed, I do not see why they should not enlarge the service in order to take care of these unfortunates in a decent and scientific manner.

Dr. P. K. Brown: I do not think many of you can have had much experience in the care of insane cases without feeling perfectly hopeless in the face of the situation here. Were it not for the kindness of certain men on the Lunacy Commission, the situation would be impossible. I have known several of them to give many hours of their time without thought of remuneration, in studying these cases to save their being taken to the detention hospital. The present one is a great improvement over anything we have had in the past, but it does not fill the needs of the case. A lot of these cases need to be seen many hours a day and a visiting physician does not have time for the study of these cases. Both physicians and nurses should have a chance to learn how to care for such cases. There would be vastly less horror of such institutions, and acutely insane patients would get prompter and better care. There are lots of defects in the present situation. Thus, alcoholic psychoses present one of the serious drawbacks. If a man is committed to an asylum with an alcoholic delirium, he is often discharged in a few days and that man can commit any crime thereafter and never have judge or jury convict him because of a history of having been possibly only five days in a state hospital for the insane. The situation is entirely wrong, and the difficulty of getting records out of these hospitals often prevents these cases being properly handled.

Dr. H. C. McClenahan: First, I wish to subscribe generally to what Dr. Richards has said. It seems to me, however, that the question to be decided by this society is not whether we could get psychiatric wards in the County Hospital, which I agree with Drs. Moffitt and Wilbur is a makeshift, but to make recommendations, looking forward to a correct solution to the handling of the insane in large cities. I do not think we can make any mistake if we profit by the experience of other large municipalities, such as Philadelphia, Boston, and New York, in their attempts to solve this problem.

They found the psychopathic clinics, and the psychopathic wards in the general hospitals, inadequate, and have established state psychopathic hospitals in those cities, at least so in Philadelphia and Boston (I am not well acquainted with the situation in New York but had occasion to observe the work at Blockly Hospital). As you all know, while this is a general hospital, their psychopathic department is practically a separate institution in grounds to itself. Cases are sent from all the different clinics. The commitments are done in the hospital; if necessary delayed, and the hospital has a regular staff from the different teaching institutions.

In Boston they have been wrestling with this question for the past fifteen years, and finally established a state psychopathic hospital, only last year. Dr. E. E. Southard is its medical director, and also occupies the chair of neuropathology at the Harvard Medical School. A very interesting historical review by Dr. Channing of the establishment of this hospital is to be found in last November's *Journal Nervous and Mental Diseases*. I think you will find that under the California constitution, the insane are regarded as wards of the state and not the municipality. Hence to recommend the municipality's taking primary steps would seem to be going at the problem from the wrong end.

Instead of Dr. Wilbur's resolution, I should have very much preferred that this society go on record as in favor of the establishment in San Francisco of a state psychopathic hospital, with the co-operation of the municipality, and the privilege of availing itself of the teaching staffs of the two universities; this hospital to be distinct from the county or any other hospital. If we are unable to secure such a hospital at the present time, then the establishing of psychiatric wards in the County Hospital might be justified especially to fulfill the purpose of study and teaching. (Dr. Wilbur changed his motion to read "the establishment by the state of a central station for acute mental cases in San Francisco," etc.)

We must not forget that in the establishment of State hospitals their location in the county was largely due to the position of the medical profession, i. e., that about all that could be done for the insane was custodial care, where they could get fresh air and work on the farms, etc. We know that this applies only to a part of the mentally affected and that particularly acute cases of mental disorders are sick people and require correct diagnosis and the best hospital facilities possible. And since medical men have created this attitude on the part of the legislative bodies, I think it is up to us to correct that impression, and put the lawmaking bodies right as to the present status of scientific medicine toward mental disorders.

I do not agree with Dr. Brown that the alcoholic can be best treated in psychopathic wards, or anywhere else, unless he is primarily controlled, and I mean by control, legal control, without which practically all efforts at successful treatment are futile. The alcoholic who requires treatment requires control first. This is in accord with the large majority of those who have had extensive experience with these individuals.

Dr. H. C. Moffitt: I agree with Dr. McClenahan, and I would not care to go on record as favoring this proposition except as a makeshift, aiming eventually at an institution which is big enough, one modeled after the successful one lately opened in Boston. As I understand it, the committee is to confer with Dr. Hatch and prepare a proper scheme, of which this is a part.

Dr. Richards (closing discussion): This question of psychiatric hospitals or wards and of after care of the insane has become very active in many places in California. In Los Angeles they have already established psychiatric wards and an after-care society. As to the state establishing a psychiatric hospital in San Francisco, it would probably be advantageous to consider the question of the state's present obligations. One-third of the people of California live south of the Tehachapi Pass, and in that section there is only one state hospital. It is evident that the state must meet the need of an additional state hospital in that section. At present, in several of the state hospitals, the number of patients is in excess of the capacity of the hospitals, and the patients are sleeping in corridors and on the floors. At this time, therefore, the state has all that it can well do in regard to the establishing of hospitals. The question is not that we are doing the ideal thing in arranging for psychiatric wards instead of a psychiatric hospital, but that we are doing something. From the discussion here to-night I think it is perfectly well-established that co-operation is the thing that is chiefly needed. I believe that the committee to be appointed,—after consulting with Dr. Hatch,—will be able to report to the society the best measures possible. The work is practically one that follows from the beginning of mental disease in the locality in which it originated to the state hospitals. I wish distinctly to insist that state hospitals are not homes for incurables; but that in each of our state hospitals is a receiving department, where all possible measures are taken to effect speedy cures. We have a percentage of recoveries that is entirely satisfactory. But there is a wide field in the first care of mental cases,—the responsibility of which rests with the cities. In addition, it is true that the physicians in the state hospitals should have opportunity for post-graduate work in their particular lines in the medical centers of the state. I think that to-night we have seen a movement begun that will result, not only in the ultimate establishment of a psychiatric hospital, but in a national society for mental hygiene; that the work will begin in the medical society and be under the direction of medical men; and have an entirely harmonious development of the treatment of psychiatric diseases in the large cities. This is something for which we should be very grateful.

RAILWAY SURGEONS

REPORT OF A CASE OF SARCOMA-TOSIS.*

By J. H. O'CONNOR, M. D., and W. T. CUMMINS, M. D., San Francisco.

History: Mr. C. H., aged 49, an engineman, was admitted to the Southern Pacific General Hospital on September 23, 1911. His father and mother died of pneumonia. Patient stated that his habits were temperate, and that he had had gonorrhea but denied luetic infection. No other diseases were elicited. Present condition began three years before with a slight swelling in the left supraclavicular

* Read before the Pacific Association of Railway Surgeons, San Francisco, August 30, 1912.